

IN THE COURT OF APPEALS OF THE STATE OF ALASKA

DOCKETING STATEMENT B

FOR USE WITH PETITIONS FOR HEARING, PETITIONS FOR REVIEW, AND ORIGINAL APPLICATIONS

INSTRUCTIONS FOR MULTIPLE PARTIES OR ATTORNEYS: If there are multiple parties or attorneys, repeat the appropriate box. This may be done on a separate page. Please clearly indicate which attorney represents which party.

(for court system use)

No. _____

1. TYPE OF PETITION

Type of Petition	Superior Court Case Number	Date of Distribution of Decision or Order to be Reviewed	Superior Court Judge	Subsequent Proceedings
a. <input type="checkbox"/> Petition for Hearing from Superior Court				Petition for Rehearing: <input type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ Date of distribution of order denying petition: _____
b. <input checked="" type="checkbox"/> Petition for Review	3KN-19-00318CR	10/02/2020	Wells	Motion for Reconsideration: <input checked="" type="checkbox"/> not filed <input type="checkbox"/> filed. Date filed: _____ <input type="checkbox"/> denied by order distributed: _____ <input type="checkbox"/> deemed denied under Civil Rule 77(k)(4).
c. <input type="checkbox"/> Original Application <input type="checkbox"/> from trial court case No. _____ Judge _____ <input type="checkbox"/> Other. Explain: _____				

2. PETITIONER

a. Name State of Alaska	b. Status in the Trial Court <input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
c. Petitioner Mailing Address (not attorney's address) <div style="display: flex; justify-content: space-between;"> City State Zip Code </div>	<input type="checkbox"/> Other Specify: _____ d. Telephone

3. PETITIONER'S ATTORNEY

a. Name Donald Soderstrom	b. Bar Number 1205046
c. Attorney Mailing Address 1031 W. 4th Avenue, Suite 200	d. Telephone 907-269-6260
<div style="display: flex; justify-content: space-between;"> City State Zip Code </div> Anchorage AK 99501	e. Fax 907-276-3697
f. Firm/Agency Office of Criminal Appeals	

4. RESPONDENT

a. Name Carmen Daniel Perzechino, Jr.	b. Status in the Trial Court <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Defendant
c. Respondent Mailing Address 37674 Ridgeway Street, PO Box 14	<input type="checkbox"/> Other Specify: _____
<div style="display: flex; justify-content: space-between;"> City State Zip Code </div> Sterling AK 99672	d. Telephone

5. RESPONDENT'S ATTORNEY

a. Name Andy L. Pevehouse <input type="checkbox"/> Court Apptd			b. Bar Number 0711099	
c. Attorney Mailing Address 130 S. Willow Street, Suite 3			d. Telephone 907-283-2600	e. Fax 907-283-2009
City Kenai	State AK	Zip Code 99611	f. Firm/Agency Gilman & Pevehouse	

6. ATTACHMENTS

The following items are submitted with this form:

- a. ☒ The original petition and FIVE copies.
- b. ☒ A copy of the judgment or order from which relief is sought attached to the original petition and ALL copies.
- c. ☐ A \$250 filing fee or ☐ a motion to appeal at public expense (financial statement affidavit form must be included).
☐ a motion to waive filing fee (financial statement affidavit form must be included).
☒ no filing fee is required because appellant is ☐ represented by court-appointed counsel.
☒ the state or an agency thereof.
- d. A motion for expedited action ☒ submitted ☐ not submitted.
- e. A motion for stay of trial court proceedings ☐ submitted ☒ not submitted.

Also Attached: Emergency Motion to Order Trial Court Not to Swear in a Jury Until the Petition is Resolved

10/12/2020

Date



Signature of Petitioner or Petitioner's Attorney

CERTIFICATE OF SERVICE

I certify that on 10/12/2020 a copy of this docketing statement and all attachments (except filing fee) were

emailed and

mailed

delivered

to All parties in the trial court (listed)

☒

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Andy L. Pevehouse

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Signature: 